

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743897

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		2					54						
5		0000					55						
6		0000					56						
7		0000					57						
8		0000					58						
9		0000					59						
10		0000					60						
11		0000					61						
12	1		1				62						
13		1					63						
14		00					64						
15		00					65						
16	1		1				66						
17		1					67						
18		0000					68						
19		0000					69						
20		0000					70						
21		0000					71						
22		0000					72						
23		0000					73						
24		0000					74						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL			3				TOTAL IND.						
TOTAL							TOTAL DEP.						
TOTAL							TOTAL CLAIMS						